

# Town of Buckeye Summer Recreation Program

Hey, there! If you don't want to spend the summer at home, come and sign up for our Summer Recreation Program. The Town of Buckeye is pleased to once again offer our Summer Recreation Program for children ages 6-15. We will be offering an array of activities such as team building group games, field trips, swimming for all ages from 8:00am-1:00pm Monday through Friday. The program will start on June 6, 2005 and run through July 29, 2005. For more information please call Joe Gonzales at 623-386-2586 or log on to our web site: [www.buckeyeaz.gov](http://www.buckeyeaz.gov). **Please note that the optional field trips are not covered in the \$30.00 program fee.**

<u>Date</u>	<u>Activity</u>	<u>Description</u>
Monday, April 25 <sup>th</sup>	Registration Begins	Participants can now sign up
June 6 <sup>th</sup> – July 29 <sup>th</sup>	Summer Rec. Program	Eight-week program. 8:00am-1:00pm at Buckeye High School
Every Tuesday	Walking Trip to the Skate Park	Participants may bring their own skates as well as skateboards
Every Wednesday	Walking Trip to Pool	All participants will be allowed to swim for free once a week.
Every Thursday	Field Trips	Optional Field Trips for all participants. <b>Some trips may return after 1:00pm.</b>

<b>Program Fees: \$ 30.00 per child for the entire Summer Recreation Program.</b>
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## REGISTRATION FORM

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact & Number \_\_\_\_\_

**Volunteers are needed!** Please circle one or more: Summer Rec. Program Aquatic Center Coach for youth sports

I agree that I and/ or my child will cooperate and conform to directions and instructions of the volunteers and staff involved in the program. Should medical treatment become necessary while participating in this program, I hereby give the Town of Buckeye permission to use their judgment in obtaining medical service for myself and/or my child, and I give permission to the physician selected by the Town of Buckeye personnel to render medical treatment deemed necessary and appropriate. I agree not to hold responsible and/or liable the Town of Buckeye any of its agents or employees. Payment of resulting medical, hospital or related cost and expenses must first be paid by my insurance or available benefit plan of mine or my spouse.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Initials \_\_\_\_\_